

## GAS CORPORATION FILING INSTRUCTIONS

For acceptance of the enclosed application and the issuance of a Gasfitting Corporation Certificate, the following must be presented with the application.

- 1. A copy of the Articles of Organization, as filed with and stamped by the Secretary of State for the Commonwealth of Massachusetts, must be presented with your application.
- 2. The installation of gas work must be specifically stated as one of the purposes of the corporation on the Articles of Organization submitted.
- 3. The master gasfitter to whom the certificate is to be issued must be specifically named on the papers submitted, as also stamped by the Secretary of State, as an officer of said corporation.
- 4. Fee \$225.00 must accompany the application for issuance of your original corporation certificate.

## NOTE

If thie corporation is already on file with the Board of State Examiners of Plumbers and Gasfitters and the enclosed application represents a change to be made in the responsible master gasfitter officer, a letter of resignation, termination or disassociation from the former master gasfitter must accompany the application so the former corporation certificate issued may be voided from the records.

### **IMPORTANT**

Current certificate issued in former master gasfitters' name must be returned gfcorpin.

FOR OFFICE RECORDS ONLY CERT. NO	
DATE ISSUED	



# The Commonwealth of Massachusetts Division of Professional Licensure

239 Causeway Street ☐ Boston, Massachusetts 02114 Board of State Examiners of Plumbers and Gasfitters (617) 727-9952

Forms available at http://www.state.ma.us/reg/boards/pl/forms.htm

# APPLICATION FOR ISSUANCE OF A GAS FITTING CORPORATION CERTIFICATE

FEE: \$225.00

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I	(SSNo.)	(Master License numbe
Pursuant to G. L. c. 62C, sec. 47A, your	social security number is require	d by law.
Residence (Street and Number)	(City or Town)	(State) (Zip)
(Telephone)		
do hereby make application for the issum my master gas fitter license, to conduct of Chapter 731 of the Acts of 1969.		
NAME OF BUSINESS CORPORATION		
	(Please Print)	
LOCATION(Street and Number)		
(Street and Number)	(City or Town)	(State) (Zip)
(Telephone)		
List below the names and addresses of (Name) (Office Held)		ers of the corporation: n) (State) (Zip)
		<del></del>



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